

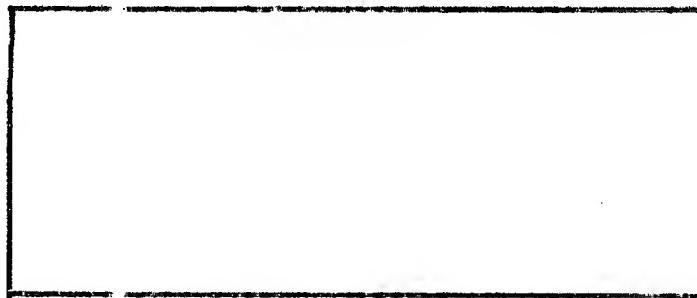
Exhibit A

Standard Form No. 8
October - 1954
Department of Labor
Regulation 609.2

NOTICE TO SEPARATED FEDERAL EMPLOYEE
(Unemployment Compensation Program)

KEEP THIS FORM. The information on this form will facilitate the determination of your rights to unemployment compensation. To file a claim for compensation, take the following items to the nearest public employment office:

1. THIS FORM (and any other such forms you have received in the past 24 months)
2. Your SOCIAL SECURITY ACCOUNT NUMBER CARD
3. The official notice regarding your separation (Notification of Personnel Action, Standard Form 50, or other similar document)



(Federal agency will insert in box above name and address of office where employee's payroll records are maintained.)

Example of payroll office address:

Payroll Section
Bureau of Employment Security
Department of Labor
New General Accounting Office Building
Washington 25, D. C.

ES-931

(State)
(Agency)

EX-16/16 B

REQUEST FOR WAGE AND SEPARATION INFORMATION
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES

COMPLETE THE ITEMS BELOW AND RETURN
WITHIN 4 DAYS

Name _____
Date of Birth _____ S.S.No. _____
Place of employment _____
Date of Request _____

Insert name and address of Federal agency
payroll office

(Space for window envelope)

1. FEDERAL SERVICE:
a. Did this person perform Federal service for your agency during the periods indicated in item 2 below? Yes _____ No _____
If no, explain why any service performed was not Federal service.

b. Enter State or country of last "headquarters" or "duty station," if different, or, if neither is shown, the place of employment.

2. BASE-PERIOD WAGE INFORMATION

if these wages were previously assigned, indicate
Base Period Date Amount Specific
Otr. Ending Year GROSS WAGES State Assigned Assigned Period covered

Total Gross Wages

3. SEPARATION INFORMATION:

- a. Date of separation _____ b. Terminal leave (lump sum) expires on _____ (Date)
c. Reason for separation. (Explain in detail. Use reverse or continuation sheet if necessary.)

I hereby certify that this wage and separation report, which constitutes the findings made by this agency, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

Insert name and address of State agency
office to which form is to be returned

Signed _____

ALTERNATIVE ITEMS FOR WAGE INFORMATION SECTION 2 OF FORM ES-931

MICHIGAN

2. BASE-PERIOD WAGE INFORMATION

Base Period From _____ through _____.

- a. In the base period, did claimant earn at least \$15.01 in each of 39 weeks? Yes No (If answer is "Yes," disregard item (1) if answer is "No," complete item (1))
- (1) In how many weeks did he earn \$15.01 or more _____ during the base period. No. of weeks _____
- b. Give claimant's total wages in the base period \$ _____.
c. Give claimant's total wages in weeks in which he earned \$15.01 or more if different from total shown in item (b) \$ _____.
d. If the claimant was laid off, will he be called back within 4 weeks? Yes No . If "No," has claimant been separated for an indefinite period? Yes No .

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

WISCONSIN

2. WAGE INFORMATION

- a. In calendar year claimant earned \$ _____ and he worked in _____ week with this agency.
If claimant worked for you less than 10 weeks in _____.
Indicate:
Claimant's total wages in _____ from this agency \$ _____.
Claimant's total work weeks in _____ in this agency _____.
b. During the period from _____ to _____, in how many weeks did claimant work for you in employment covered by title XV?

No. of weeks _____

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW JERSEY

2. BASE-PERIOD WAGE INFORMATION

Base Period from _____ through _____.

- a. During the base period shown above the claimant earned \$15.00 or more a week in each of 35 weeks and earned a total of at least \$2262:
Yes
b. No _____, During that period the claimant earned \$15.00 or more in each of _____ weeks and in these weeks he earned a total of \$ _____.
(Do not include wages for weeks in which claimant earned less than \$15.00).

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW YORK

2. BASE-PERIOD WAGE INFORMATION

- a. During the base period shown above the claimant worked at least 26 weeks and earned at least \$3016:
Yes
b. No _____, During that period the claimant worked _____ weeks and earned a total of \$ _____.
c. He earned less than \$15.00 a week during _____ of those weeks and in such weeks his total earnings were \$ _____.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

OHIO

2. BASE-PERIOD WAGE INFORMATION

Base Period From _____ through _____.

a.

Base Period _____ If these wages were previously assigned, indicate:
Quarter _____ Date _____ Amount _____
Ending Year GROSS WAGES State Assigned Assigned Specific period covered

Total Gross Wages _____

b. If claimant worked for you in less than 20 calender weeks in
the base period, in how many weeks did he work?
No. of weeks _____

UTAH

2. BASE-PERIOD WAGE INFORMATION

Base Period From _____ through _____.

a. Enter base period wages in space provided

Base Period _____ If these wages were previously assigned, indicate:
Quarter _____ Date _____ Amount _____
Ending Year Gross Wages State Assigned Assigned Specific Period Covered

Total Gross Wages _____

b. Did this employee work full time hours? Yes _____ No _____
If part-time, was this due to employee choice? Yes _____ No _____
c. Did claimant work for you at least 2 full days (or 16 hours)
in each of 19 calendar weeks during the base period? Yes _____ No _____

Approved For Release 2001/03/01 : CIA-RDP58-00453R000200160016-0
In how many weeks did claimant work 160 days or
16 Hours? _____

REQUEST FOR INFORMATION OR
RECONSIDERATION OF FEDERAL FINDINGS

Name _____ Social Security No. _____

Date of Birth _____ I request reconsideration or additional information about the following findings:

Date of Request on Form ES-931 _____ Federal service

Insert name and address of Federal agency payroll office

Federal wages assigned to (State)

Periods of Federal service

(Space for window envelope) _____

Reason for separation

Reasons for Request (use continuation sheet if necessary)

State what supporting documents were submitted by the claimant to substantiate his request:

Claimant's Signature _____ Date _____ State Agency Representative's Signature _____ Date _____

Additional Information is given below:

Reconsidered findings (explain below):

(use reverse side if necessary)

I hereby certify that the above has been examined by me and to the best of my knowledge is true, correct, and complete.

Signed _____

Insert name and address of State agency to which form is to be returned

Title _____ Date _____

(Space for window envelope) _____